

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-016225**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2132

**FILED APR 22 1963**

VS 300  
Rev. 4/59

1  
2 35582  
3  
4 0  
5 1  
6  
7 0  
8 0  
9 420.1  
10  
11  
12 90-0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Herbert Shuey  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>45 Years</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3815 Garfield</b>		d. STREET ADDRESS (If outside, give location) <b>3815 Garfield Garfield</b>	
3. NAME OF DECEASED (Type or print) First <b>Lee</b> Middle <b>A.</b> Last <b>Prewitt</b>		4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-24-1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Interior Decorator</b>		11. BIRTHPLACE (City and state or country) <b>Blue Springs, Mo.</b>	
13a. FATHER'S NAME <b>Fisher Mosby Prewitt</b>		14. NAME OF HUSBAND OR WIFE <b>Rose V. Prewitt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		17. INFORMANT Address <b>Rose V. Prewitt 3815 Garfield K. C. Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute Cardiac insufficiency</b> DUE TO (b) <b>arteriosclerotic coronary heart disease</b> DUE TO (c) <b>2 years +</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>11-12-60</b> to <b>4-6-63</b> and last saw him alive on <b>3-26-63</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Herbert Shuey, M.D.</b>	
22b. ADDRESS <b>3903 Brooklyn R.C. Mo</b>		22c. DATE SIGNED <b>4-7-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 8, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Mellody McGilley Eylar 1800 E. Linwood</b>	
25. DATE RECD. BY LOCAL REG. <b>4-8-63</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

black: at

Dr Herbert Shuey  
(Dr Owens <sup>Coroner</sup> said will be OK.)

Will sign around 10 or 12 AM Sunday  
Leave at Switchboard  
Trinity Lutheran Hospital

Melody MacGilly Eyles.

WA-1-7717

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lloyd A. Dickmon

Licensed Embalmer No. 5120

P. O. Address KC - 11, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.